

FEE APPROVAL	
MEMBERSHIP FEE	\$
DEPOSIT	\$
ACCOUNT SET-UP FEE	\$
OTHER	\$
TOTAL	\$



SUMTER EMC

**Business Application
and Contract for Membership
and Cooperative Services**

FOR OFFICE USE ONLY	
Map #	_____
Meter #	_____
Type SVC	_____
SO #	_____
NAT CODE 7	Survey Yes No

Acct. No.	Connect Date
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COMPLETE LEGAL NAMES REQUIRED

Mailing Address: Street or P.O. Box	Office Phone #
City State Zip	Office Fax #
Service Address: Street/Road	Street/Road Number County

Contact Person Name	Contact Person Name 2
Title	Title
Phone #	Phone #
Email Address	Email Address

Owner	Renter	Landlord's Name (attach lease agreement) Address	Landlord's Phone #
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Disconnect current service? Yes _____ No _____ When? _____ Disconnect SVO # _____

E-Bill Option Yes _____ No _____ Do you want to receive alerts & reminders? Yes _____ No _____

I do not wish to participate in Operation RoundUp. Do you wish to be on Bank Draft? Yes _____ No _____

Are you interested in whole house and/or point-of-use surge protection? Yes _____ No _____

Will this service be used to water livestock or crops? Yes _____ No _____ Sale tax form _____

I agree to abide by the Membership Agreement as printed on the reverse side of this application, the procedures, policies, service rules and regulations and Bylaws of the Cooperative.

PRINT NAME	DRIVER'S LIC NO	DOB
COMPLETE SIGNATURE	FEI NO.	TITLE
WITNESS		DATE

APPLICATION FOR OUTDOOR LIGHTING

CONDITION OF SERVICE: Sumter Electric Membership Corporation will furnish, install, and maintain all necessary equipment, including replacement of lamps, globes, photoelectric control, and supply electric energy to operate the light(s) from dusk to dawn. Service calls will be made only during normal working hours.

For a minimum of 12 months, I agree to pay a monthly charge determined by the current outdoor rate for _____ (no.) of lights. After that time this agreement may be cancelled by either party. Thirty days notice required for cancellation.

Complete Signature (First-Middle-Last)	Witness	Date
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**SUMTER ELECTRIC MEMBERSHIP CORPORATION
P.O. BOX 1048 AMERICUS, GA 31709**

INFORMATION YOU NEED TO KNOW

- A. BILLING** - Bills must be paid within 25 days of the date of the bill to avoid disconnection of service. A reminder notice is mailed before the meter will be read indicating the exact date payment must be made. A late service charge of \$5.00 or 2.5% of the balance due (whichever is greater) will be assessed if payment is not made by the "past due after" date. It is your responsibility to contact the office if no bill is received.
- B. RECONNECT CHARGES** - When service is disconnected for non-payment a \$35.00 fee is charged for reconnection. An additional deposit up to 2 times the average monthly bill may also be charged before a reconnection is made.
- C. LOCATION** - Sumter EMC'S office is located in Americus, Georgia at 1120 Felder Street. District offices are located in Leesburg at 133 Century Road West off U.S. 19. and in Cusseta at 300A Highway 520.
Office Hours: Monday through Friday 8:30 am to 5:00 pm

There are collection points throughout the service area for your convenience in payments of bills.

- | | |
|---|---|
| 1. Dawson: Bank of Dawson | These payment agencies can only accept |
| 2. Richland: U-Save-It Drugs | payments for the full amount of the bill and cannot |
| 3. Preston: Citizens Bank of Americus, Preston Branch. | accept payments for bills which are past due. |

Pay at the above collection points by the date in the green block on the front of the Billing Statement. This will allow at least three (3) days for the bill to reach our office from the collection point and your account to be credited. After that date, you must pay at one of our offices listed above.

D. IN CASE OF POWER OUTAGES

1. Check to make sure main breaker is not tripped or fuses blown. If some of your lights work, the trouble may be in your own equipment.
2. Check with neighbors to see if their power is also off.
3. Report outage to Sumter EMC as soon as possible if the trouble is not found in your own equipment.

24-Hour Emergency Service: (229) 924-8041 or (toll free) 1-800-342-6978 or (229) 759-2291

- E. WHEN MOVING** - A week's notice would be appreciated when you wish to disconnect service. You are responsible for electricity consumed until the account is disconnected if adequate notice is not given.

F. MEMBERSHIP AGREEMENT

1. Applicant agrees to comply with and be bound by the Articles of Incorporation, Bylaws, Rules and Regulations of the Cooperative and rate schedules now in effect and as may from time to time be amended and adopted by the Board of Directors . Applicant will pay to the Cooperative with this application a membership fee of five dollars (\$5.00). In the event applicant is not accepted to membership by the Cooperative, the membership fee paid herewith may be refunded; and, any portion of said membership fee not applied to payment of bills due the Cooperative may be refunded upon termination of service upon request.
2. Applicant agrees to deposit with the Cooperative such service security deposit as is required by the rules and regulations of the Cooperative. Applicant hereby grants and Cooperative takes a security interest in said deposit as collateral for service to be supplied by Cooperative. Upon any nonpayment, termination of service, insolvency, or petition for bankruptcy by undersigned Member, the Cooperative shall apply said deposit to any bills due the Cooperative and any portion of said deposit not so applied shall be refunded to undersigned upon termination of service.
3. Applicant agrees: (a) when service becomes available the minimum bill shall become effective and subsequent billed amounts shall be paid promptly; (b) that energy furnished to these premises shall not be used as auxiliary or supplemental to any other source of power; (c) pay promptly for all cooperative services.
4. The acceptance of the application by the Cooperative shall constitute a contract for cooperative services between the applicant and the Cooperative which shall continue in force until canceled by either party to the other and shall constitute an acceptance of applicant to membership in the Cooperative with such rights and liabilities as are specified in the Bylaws of the Cooperative, provided that said membership may terminate when applicant ceases to purchase services from the Cooperative.
5. The undersigned if an owner or interest holder in the premises to be served grants to the Cooperative the right to construct, operate, maintain and repair it's lines and all equipment connected or used in connection therewith upon, along, across, over and under said premises. All service lines supplying the undersigned with electric energy and all meters, switches and other equipment constructed or installed by the Cooperative in, on or under said premises shall at all times be the sole property of the Cooperative which shall have the right of access to the said premises to repair, maintain, test, inspect, disconnect or reconnect the Cooperative equipment, meters and switches.



Sumter Electric Membership Corporation

Alerts and Reminders Form

Account #: _____

Member Name: _____

Mobile Phone #: _____

Mobile Provider: _____

Member Email: _____

Alerts and Reminders

<u>Alert Name</u>	<u>Text Message</u>	<u>E-mail</u>	<u>Push Notification</u>
Due Date Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past Due Date Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Profile Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned Check Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Energy Usage Alert - Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangement Installment Due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Usage Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage Declared Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage Restored Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Usage Alert - Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.